

PLACE OF BIRTH

1. County of _____
 District of _____
 Town of _____
 or _____
 City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
 County Registrar No. _____
 Local Registrar No. 270

2. Full name of child Francisco Hernandez
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 9-28-25
 Month Day Year

8. FATHER
 Full name Simon Hernandez

9. Residence (Usual place of abode)
 If non-resident, give place and state. Miami

10. Color or race _____ 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

13. Occupation
 Nature of Industry Mine

14. MOTHER
 Full maiden name Loreta Hernandez

15. Residence (Usual place of abode)
 If non-resident, give place and state. Miami

16. Color or race _____ 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mexico
 (State or country)

19. Occupation
 Nature of Industry H. W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 5 P.M. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Perkins (Physician or midwife).
 Address Miami

Given name added from a supplemental report
 Month, day, year

Filed Sept 28, 1925 C. H. Perkins Local Registrar.

Filed _____, 19____ County Registrar.

676-923-389
 Registrar

MAKING RESERVE FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.